

SC B&CB GENERAL SERVICES DIVISION

VEHICLE ACCIDENT REPORT

IMMEDIATELY NOTIFY Police and call for medical assistance (9-1-1), as required. Call your supervisor and Safety (513-5352 or 513-5354). Complete the following information.

I.	Date: _____	Time: _____
II.	Location of Accident:	
	County: _____	City: _____ Route No.: _____
III.	You and your State Vehicle	
	Agency Name _____	
	Agency Address: _____	
	Year and Make of Vehicle: _____	License Tag No. and State: _____
	Name: _____	Driver's License No.: _____
	Address: _____	Office Phone: _____
	Other Vehicle	
	Year and Make: _____	License Tag No. and State: _____
	Name: _____	Driver's License No.: _____
	Address: _____	
	Insurance Company / Policy Number: _____	
IV.	Did the police investigate this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which police department? _____ Was anyone charged with a violation? <input type="checkbox"/> No <input type="checkbox"/> Other Driver <input type="checkbox"/> You If yes, what was the charge? _____ If anyone was injured, who was it and what was the nature of the injury? _____ _____	

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V. In your own words, give circumstances of the accident:

Employee Signature:

VI. Supervisor Notification

Name:

Telephone No.

Team:

Estimated Cost of Repair:

Supervisor's Signature:

Complete and return the original of this form
and the Police report to:

SC B&CB Internal Operations
1201 Main Street, Suite 710
Columbia SC 29201
ATTN: Linda F. Perkins

Fax / Mail (within 24 Hours) to:

SC B&CB General Services
State Fleet Management
140 Stoneridge Drive, Suite 650
Columbia SC 29210-8257
ATTN: Safety Officer
Fax: 737-1160
WP: 737-1211

Report employee injuries to:

General Services, Safety
737-2311 / 2315
Web Page

JC Greene Insurance Adjustors
PO Box 616
Columbia SC 29202
Fax: 256-2908
WP: 771-8820

<http://www.ogs.state.sc.us/business/safety/GS-safety-accident-report.phtm>